



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## Notice of Decision

Decision Date: September 20, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000018878

[REDACTED]

[REDACTED],

On August 30, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 17, 2017 redetermination notice, and May 12, 2017 enrollment notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: September 20, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000018878

[REDACTED]

## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly disenroll you from your Medicaid Managed Care plan for failing to renew effective, May 1, 2017?

Did NYSOH properly determine that your enrollment in your Medicaid Managed Care plan was effective June 1, 2017?

## Procedural History

On May 13, 2016, an application was submitted in your account, [REDACTED].

Also on May 13, 2016, NYSOH issued a notice of eligibility determination in [REDACTED] stating that you were eligible for Medicaid effective May 1, 2016.

On March 3, 2017, NYSOH issued a renewal notice in [REDACTED], stating that it was time to renew your health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by April 15, 2017 or you might lose the financial assistance you were currently receiving.

No updates were made to your account [REDACTED] by April 15, 2017.

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On April 16, 2017, your eligibility was redetermined in [REDACTED].

On April 17, 2017, NYSOH issued an eligibility redetermination notice in [REDACTED] that you were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your eligibility ended effective May 1, 2017.

On April 17, 2017, NYSOH issued a disenrollment notice in [REDACTED] stating your coverage with your Medicaid Managed Care plan would end on April 30, 2017. The notice stated this was because you were no longer eligible to enroll in health insurance through NYSOH.

On May 11, 2017, NYSOH received your updated application for health insurance in [REDACTED]. That day, a preliminary eligibility determination was prepared based on your application stating you were eligible for Medicaid, effective May 1, 2017. You enrolled in a plan that day with a June 1, 2017, start date.

On May 11, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as you were not covered by a Medicaid Managed Care plan in May 2017.

On May 12, 2017, NYSOH issued an eligibility redetermination notice in [REDACTED] stating that you were eligible for Medicaid, and that your coverage for Fee-For-Service Medicaid would be effective May 1, 2017.

On May 12, 2017, an enrollment confirmation notice was issued in [REDACTED] that stated that you had selected a Medicaid Managed Care plan, and that the effective date of that plan was June 1, 2017.

On August 30, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

## **Findings of Fact**

A review of the record support the following findings of fact:

- 1) The record reflects, that you receive all of your notices from NYSOH via electronic mail in both of your accounts with NYSOH.
- 2) You testified you could receive notices through the mail sometimes.

- 3) You testified you cannot recall if you received a March 3, 2017, notice of renewal from NYSOH stating you needed to update the information in your account by April 15, 2017.
- 4) You testified that you did not receive any electronic alerts telling you that you needed to update your application in order to renew your eligibility. You also did not receive any renewal notice by regular mail.
- 5) You testified the e-mail address of [REDACTED] is the correct e-mail address for notices to be sent to you.
- 6) You testified that the e-mail address of [REDACTED] was an old e-mail address.
- 7) You testified the address on the March 3, 2017, renewal was addressed to a previous address you had not been living at for over two years.
- 8) You testified you contacted NYSOH to update your e-mail address when you filed your fair hearing request.
- 9) You testified that you attempted to update the information in your account prior to being disenrolled.
- 10) The Hearing Officer requested a call log of any calls made to NYSOH from both of your accounts for the period of January 1, 2017, before your renewal notice was issued to the date you filed your fair hearing request on May 11, 2017.
- 11) NYSOH provided a call log which shows no calls made prior to your May 11, 2017, fair hearing request.
- 12) You testified you believed you had signed up for automatic renewal of the information in your account for five years.
- 13) You testified that you did not know that you needed to update your account until you had [REDACTED] done in the month of May 2017.
- 14) The record reflects that the first time NYSOH received your updated application for health insurance for 2017, was on May 11, 2017.
- 15) You testified that you are seeking reinstatement in your Medicaid Managed Care plan as of May 1, 2017.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every 12 months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual’s account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (45 CFR § 155.335(h)).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13 ADM-03(III)(F)).

Medicaid Managed Care (MMC) plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H(6)(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; NY Social Services Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13 ADM-03(III)(F)).

### Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant’s account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual’s NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

## Requirement for Individuals to Report Changes

NYSOH must require an applicant to report any change which may affect eligibility, such as citizenship status, incarceration, residency, household size, and income within 30 days of such change (45 CFR §155.330(b), 45 CFR §155.305, 42 CFR §435.403, 42 CFR §435.406, 42 CFR §425.603).

## **Legal Analysis**

The first issue under review is NYSOH properly disenrolled you from your Medicaid Managed Care plan for failing to renew effective, May 1, 2017.

You were originally found eligible for Medicaid effective May 1, 2016.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's March 3, 2017 renewal notice contained in your account [REDACTED] stated that there was not enough information to determine whether you were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by April 15, 2017, or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your Medicaid Managed Care plan effective May 1, 2017.

The record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You testified that you do not recall receiving any electronic alert to go into your account and update your information. However, you testified that the information NYSOH had in your account was not accurate, specifically the mailing address and email addresses in your NYSOH account were no longer accurate.

NYSOH requires that an applicant to report any change which may affect eligibility, such as citizenship status, incarceration, residency, household size, and income within 30 days of such change. Since the information in your account [REDACTED] had not been updated, an electronic alert would have been sent to the e-mail address on file at that time, if it failed it would have been sent via regular U.S. mail to your address on file.

Since both your e-mail address and regular U.S. mail address had not been updated for some time before the renewal notice was issued on March 3, 2017, NYSOH had completed its obligation in notifying you via your chosen method of contact and addresses as stated in your application. If the information had

changed, you were required to make those changes in your account within 30 days of such change.

You testified that you attempted to update the information in your account prior to being disenrolled. The Hearing Officer requested a call log showing any calls made to NYSOH from January 1, 2017 to the date of your May 11, 2017 fair hearing request. No calls were made with relation to either of your accounts other than your May 11, 2017 fair hearing request in which you updated the information.

Therefore, the record does not contain information that would support NYSOH failed to provide you the required notice of your annual renewal and that information in your NYSOH account needed to be updated in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

As a result, the April 17, 2017, eligibility redetermination notice in [REDACTED] stating that you were no longer eligible for Medicaid, because you had not responded to the renewal notice and had not completed your renewal within the required time frame and ending your eligibility May 1, 2017 was proper and is AFFIRMED.

The second issue is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was effective June 1, 2017.

You first renewed your eligibility for financial assistance through NYSOH in account [REDACTED] for the upcoming coverage year on May 11, 2017.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected your Medicaid Managed Care plan on May 11, 2017, it must take effect on the first day of the month after May; that is, on June 1, 2017.

Therefore, NYSOH's May 12, 2017, enrollment confirmation notice is AFFIRMED because it properly began your enrollment in your Medicaid Managed Care plan on June 1, 2017.

## **Decision**



The April 17, 2017, eligibility redetermination notice is AFFIRMED.

The May 12, 2017, enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** September 20, 2017

## **How this Decision Affects Your Eligibility**

Your enrollment in your Medicaid Managed Care plan ended effective May 1, 2017.

You were eligible for Medicaid Fee for Service effective May 1, 2017.

Your enrollment in your Medicaid Managed Care plan started June 1, 2017.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:

Health Insurance Marketplace  
Attn: Appeals  
465 Industrial Blvd.  
London, KY 40750-0061

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

### **If You Have Questions about this Decision (Customer Service Resources):**

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The April 17, 2017, eligibility redetermination notice is AFFIRMED.

The May 12, 2017, enrollment confirmation notice is AFFIRMED.

Your enrollment in your Medicaid Managed Care plan ended effective May 1, 2017.

You were eligible for Medicaid Fee for Service effective May 1, 2017.

Your enrollment in your Medicaid Managed Care plan started June 1, 2017.

### **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.

**A Copy of this Decision Has Been Provided To:**



## **Getting Help in a Language Other than English**

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

### **Español (Spanish)**

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

### **中文 (Traditional Chinese)**

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

### **Kreyòl Ayisyen (Haitian Creole)**

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

### **中文 (Simplified Chinese)**

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您免费提供相应语种的口译服务。

### **Italiano (Italian)**

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

### **한국어 (Korean)**

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

### **Русский (Russian)**

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

### **العربية (Arabic)**

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

### **বাংলা (Bengali)**

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### **Français (French)**

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

### **हिंदी (Hindi)**

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

### **日本語 (Japanese)**

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

### **नेपाली (Nepali)**

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

### **Polski (Polish)**

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

### **Twi (Twi)**

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. y&b&tumi ama wo obi a okyer& kasa a woka no ase ama wo kwa a wontua hwee.

### **(Urdu) اردو**

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

### **Tiếng Việt (Vietnamese)**

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

### **שׂוֹדֵיִשׁ (Yiddish)**

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דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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